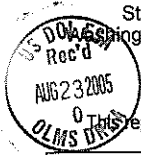


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11692</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>RICHARD</u> <u>R.</u> <u>ARISPE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>6326 VIVA MAX</u> City <u>SAN ANTONIO</u> State <u>TEXAS</u> ZIP Code + 4 <u>78238</u>	4. Name, file number, and address of labor organization. Name <u>TX. CARPS. & MILLWRIGHTS REGIONAL COUNCIL</u> Labor Organization File Number <u>4161</u> <u>023991</u> P.O. Box, Building and Room Number, if any _____ Street <u>5364 FREDERICKSBURG RD #130</u> City <u>SAN ANTONIO</u> State <u>TEXAS</u> ZIP Code + 4 <u>78229</u>
5. Position in labor organization. <u>EXECUTIVE SECRETARY / TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richard A. Arispe

On

8/15/05

Date

210 867-2125

Telephone Number

Name of Person Filing <u>RICHARD R. ARISPE</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Houston Carpenters Pension Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>9555 W. SAM HOUSTON PARKWAY SOUTH</u></p> <p>City <u>HOUSTON, TX</u></p> <p>State <u>TEXAS</u> ZIP Code + 4 <u>77099</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>HOUSTON CARPENTERS PENSION FD.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>9555 W. SAM HOUSTON PARKWAY So.</u></p> <p>City <u>HOUSTON</u></p> <p>State <u>TEXAS</u> ZIP Code + 4 <u>77099</u></p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><u>RE-IMBURSABLE EXPENSES FOR TRAVEL, LODGING, PARKING, MEALS AND OTHER EXPENSES INCURRED IN ATTENDING BOARD OF TRUSTEES' MEETINGS.</u></p>
	<p>12.b. Amount. <u>\$ 102.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Carpenters and Millwrights Welfare Fund

General Ledger

For the Period From Jan 1, 2004 to Dec 31, 2004

Filter Criteria includes: 1) IDs from 551000 to 551000. Report order is by ID. Report is printed in Detail Format.

Account ID Account Description	Date Reference	Jrnl	Trans Description	Debit Amt	Credit Amt	Balance
551000	1/1/04		Beginning Balance			970.47
Trustee Expenses	2/1/04		Beginning Balance			970.47
	2/29/04 3734	CDJ	LENOX CATERING SERVICE, INC. - Invoice: 9256 Current Period Change	166.43 166.43		166.43
	3/1/04		Beginning Balance			1,136.90
	4/1/04		Beginning Balance			1,136.90
	5/1/04		Beginning Balance			1,136.90
	5/31/04 3823	CDJ	LENOX CATERING SERVICE, INC. - Invoice: 9457 Current Period Change	165.62 165.62		165.62
	6/1/04		Beginning Balance			1,302.52
	6/30/04		Fiscal Year End Balance			1,302.52
	7/1/04		Beginning Balance			
	8/1/04		Beginning Balance			
	8/31/04 3917	CDJ	LENOX CATERING SERVICE, INC. - Invoice: 9607 Current Period Change	168.06 168.06		168.06
	9/1/04		Beginning Balance			168.06
	9/27/04 3932	CDJ	MURPHY'S DELI - Invoice: SEP 04	61.05		
	9/30/04 3941	CDJ	RICHARD ARISPE - Invoice: Sep 04	102.79		
			Current Period Change	163.84		163.84
	10/1/04		Beginning Balance			331.90
	10/15/04 3954	CDJ	IFEB - Invoice: 01012005 Current Period Change	300.00 300.00		300.00
	11/1/04		Beginning Balance			631.90
	11/15/04 3980	CDJ	LENOX CATERING SERVICE, INC. - Invoice: 9749 Current Period Change	200.74 200.74		200.74
	12/1/04		Beginning Balance			832.64
	12/15/04 4000	CDJ	MANDOLA'S DELI - Invoice: 977350 Current Period Change	107.22 107.22		107.22
	12/31/04		Ending Balance			939.86

Name of Person Filing <i>RICHARD R. ARISPE</i>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *TEXAS CARPENTERS & MILLWRIGHTS
HEALTH & WELFARE TRUST FUND*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *1300 S. MERIDAN, SUITE 200*

City *OKLAHOMA CITY*

State *OKLAHOMA* ZIP Code + 4 *73108*

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *TX. CARPS & MILLWRIGHTS HEALTH
& WELFARE FUND*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *1300 S. MERIDAN, SUITE 200*

City *OKLAHOMA CITY*

State *OKLAHOMA* ZIP Code + 4 *73108*

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

*REIMBURSABLE EXPENSES FOR TRAVEL,
LODGING, PARKING, MEALS AND OTHER
EXPENSES INCURRED IN ATTENDING
BOARD OF TRUSTEES MEETINGS.*

12.b. Amount.

\$1,076

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Expenses for 2004 for LM 30 Filing
Texas Carpenters and Millwrights Health & Welfare Fund

Trustee	Meeting Date	Meals	Mileage	Airline	Parking	Hotel	Total
Henry Almond	3/25/2004	\$ 64.66	\$ -	\$ 100.10	\$ 5.41	\$ 57.79	\$ 227.95
	6/17/2004	94.73	75.59			41.93	212.25
	9/23/2004	55.03	96.73			42.03	193.79
	12/16/2004	52.34	79.57			35.88	167.78
Total 2004		\$ 266.76	\$ 251.89	\$ 100.10	\$ 5.41	\$ 177.63	\$ 801.78

Trustee	Meeting Date	Meals	Mileage	Airline	Hotel	Total
Richard Arispe	3/25/2004	\$ 64.66	\$ -	\$ -	\$ -	\$ 64.66
	6/17/2004	94.73		329.90	81.69	506.32
	9/23/2004	49.04				49.04
	12/16/2004	52.34		332.40	71.75	456.49
Total 2004		\$ 260.77	\$ -	\$ 662.30	\$ 153.44	\$ 1,076.51

Trustee	Meeting Date	Meals	Mileage	Airline	Parking	Hotel	Total
David Bonds	3/25/2004	\$ 64.66	\$ -	\$ -	\$ -	\$ -	\$ 64.66
	6/17/2004	94.73	168.75	-	-	83.86	347.34
	9/23/2004	49.04	-	202.20	12.75	84.06	348.05
	12/16/2004	52.34	-	200.20	-	71.75	324.29
Total 2004		\$ 260.77	\$ 168.75	\$ 402.40	\$ 12.75	\$ 239.67	\$ 1,084.34

Trustee	Meeting Date	Meals	Mileage	Airline	Parking	Hotel	Total
James Brookes	3/25/2004	\$ 64.66	-	221.40	13.00	152.18	\$ 451.24
	6/17/2004	-	-	-	-	-	-
	9/23/2004	-	-	220.90	4.35	-	225.25
	12/16/2004	52.34	-	213.40	13.00	71.75	350.49
Total 2004		\$ 116.99	\$ -	\$ 655.70	\$ 30.35	\$ 223.93	\$ 1,026.97

Name of Person Filing RICHARD R. ARISPE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name HOUSTON CARPENTERS HEALTH & WEL. FD. Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 9555 W. SAM HOUSTON PARKWAY SO. City HOUSTON State TEXAS ZIP Code + 4 77099	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name HOUSTON CARPENTERS H&W FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street 9555 W. SAM HOUSTON PARKWAY SO. City HOUSTON State TEXAS ZIP Code + 4 77099	11.a. Nature of such dealing. _____ 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. RE-IMBURSABLE EXPENSES FOR TRAVEL, LODGING, PARKING, MEALS AND OTHER EXPENSES INCURRED IN ATTENDING BOARD OF TRUSTEES MEETINGS. 12.b. Amount. \$102.00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. _____ 14.b. Amount of payment. _____
13.b. Is the Business an Employer or Consultant ?	

Carpenters and Millwrights Pension Fund

General Ledger

For the Period From Jan 1, 2004 to Dec 31, 2004

Filter Criteria includes: 1) IDs from 551000 to 551000. Report order is by ID. Report is printed in Detail Format.

Account ID Account Description	Date Reference	Jrnl	Trans Description	Debit Amt	Credit Amt	Balance
551000	1/1/04		Beginning Balance			970.50
Trustee Expenses	2/1/04		Beginning Balance			970.50
	2/29/04 3768	CDJ	LENOX CATERING SERVICE - Invoice: 9256 Current Period Change	166.44 166.44		 166.44
	3/1/04		Beginning Balance			1,136.94
	4/1/04		Beginning Balance			1,136.94
	5/1/04		Beginning Balance			1,136.94
	5/31/04 3858	CDJ	LENOX CATERING SERVICE - Invoice: 9457 Current Period Change	165.63 165.63		 165.63
	6/1/04		Beginning Balance			1,302.57
	6/30/04		Fiscal Year End Balance			1,302.57
	7/1/04		Beginning Balance			
	8/1/04		Beginning Balance			
	9/1/04		Beginning Balance			
	9/27/04 3966	CDJ	MURPHY'S DELI - Invoice: Sep 04	61.06		
	9/30/04 3970	CDJ	LENOX CATERING SERVICE - Invoice: 9607	168.06		
	9/30/04 3971	CDJ	RICHARD ARISPE - Invoice: Sep 04	102.80		
			Current Period Change	331.92		331.92
	10/1/04		Beginning Balance			331.92
	10/15/04 3983	CDJ	IFEBP - Invoice: 01012005	300.00		
			Current Period Change	300.00		300.00
	11/1/04		Beginning Balance			631.92
	11/15/04 4023	CDJ	LENOX CATERING SERVICE - Invoice: 9749 Current Period Change	200.74 200.74		 200.74
	12/1/04		Beginning Balance			832.66
	12/15/04 4044	CDJ	MANDOLA'S DELI - Invoice: 977350 Current Period Change	107.22 107.22		 107.22
	12/31/04		Ending Balance			939.88

Name of Person Filing <u>RICHARD R. ARISPE</u>		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>CARPENTERS LABOR-MANAGEMENT PENSION FUND</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>1300 S. MERIDAN, SUITE 200</u></p> <p>City <u>OKLAHOMA CITY</u></p> <p>State <u>OKLAHOMA</u> ZIP Code + 4 <u>73108</u></p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>CARPENTER LABOR-MANAGEMENT PENSION FUND</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>1300 S. MERIDAN, SUITE 200</u></p> <p>City <u>OKLAHOMA CITY</u></p> <p>State <u>OKLAHOMA</u> ZIP Code + 4 <u>73108</u></p>		<p>11.a. Nature of such dealing.</p> <p><u></u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>REIMBURSABLE EXPENSES FOR MEALS, TRAVEL, LODGING, PARKING AND OTHER EXPENSES INCURRED IN ATTENDING BOARD OF TRUSTEES MEETINGS.</u></p> <p>12.b. Amount. <u>\$102.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	14.a. Nature of payment. <input type="text"/>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <input type="text"/>